

MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

4814 South 40th Street * Phoenix, AZ 85040-2940
(602) 255-4845

Thank you for applying with the Arizona Medical Radiologic Technology Board of Examiners.
This application must be completed in its entirety and must include the following:

- ✓ **Application:** Notarized completed application. **Incomplete applications will be returned to applicant.**
Money Order or Cashiers Check made out to the MRTBE Certification Fund. Please call our office for the amount:
(602) 255-4845. An application must be completed for **EACH** license that you apply for with separate attachments for each.
- ✓ **Passport Photo** – original photo, not a copy. This is an ORIGINAL photo that can be obtained at most pharmacies. No computer generated or personal camera photos will be accepted.
- ✓ **Priors:** If you have any prior convictions, we'll need to have documentation that you received from the court that identifies the nature of the conviction and how it was resolved. You must provide a statement written in your own words that explains what happened.
- ✓ **Proof Of Legal Residency:** According to ARS 1-501:
“An applicant must present documentation proving he or she is lawfully present in the United States, if the documentation does not demonstrate that the applicant is a United States citizen, National, or a person described in the categories listed in Section III, Boxes 1-13 of the Applicant Statement, the applicant will not be eligible for licensure in Arizona.”

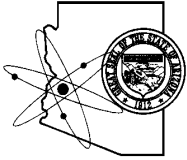
Therefore, please provide the following:

A copy of your driver's license AND a copy of your social security card OR a copy of your US Passport. Please make sure that your copies are clearly legible. If we can't read the documentation, we can't use it.

Depending on the license you are requesting, please also include the following **IN ADDITION** to the other documents listed above:

- ✓ **CRT, CMT, CNMT, CTT, Applicants:**
Copy of current ARRT or NMTCB wallet card
- ✓ **PTR Applicants:**
Completion letter from school or copy of the diploma
“Scope of Practice” letter.
Money Order or Cashiers Check made out to ARRT for \$100.00
- ✓ **PTP Applicants:**
Completion letter from school
“Scope of Practice” letter.
Money Order or Cashiers Check made out to the MRTBE for \$70 for testing.

Please Note: It is the licensees' responsibility to report any changes to your personal information. If you don't receive renewals or correspondence from this office because you've moved or have changed the way that you receive mail, you will be responsible for late fees or the expiration of your license.



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IMPORTANT NOTICE: ARS §32-3801 provides...A professional's residential address and residential telephone number or numbers maintained by a professional board are not available to the public unless they are the only address and numbers of record.

TYPE OR PRINT		Check ONE box for the license that you wish to apply for: (One application per license) <input type="checkbox"/> Radiologic Technologist <input type="checkbox"/> Radiation Therapist <input type="checkbox"/> Nuclear Medicine Technologist <input type="checkbox"/> Mammography Technologist <input type="checkbox"/> Limited Practical Technologist Schedule Examination <input type="checkbox"/> Practical Technologist Podiatry Schedule Examination <input type="checkbox"/> Other _____
LAST NAME _____	FIRST NAME _____	
MIDDLE NAME _____	MAIDEN NAME _____	
RESIDENCE _____		
CITY _____	STATE _____ ZIP CODE _____ COUNTY _____	
(____) _____ RESIDENCE PHONE NUMBER ____ MALE ____ FEMALE	BIRTHDATE: MO DAY YR ____/____/____ SOCIAL SECURITY NUMBER (Required) ____-____-____	FOR OFFICE USE ONLY ____-____ I: ____/____/____ E: ____/____/____ ____-____ I: ____/____/____ E: ____/____/____ ____-____ I: ____/____/____ E: ____/____/____
HAVE YOU EVER APPLIED FOR AN MRTBE LICENSE, WHETHER YOU ACTUALLY RECEIVED ONE? Yes: <input type="checkbox"/> No: <input type="checkbox"/> **PREVIOUS MRTBE _____ ISSUED ____/____/____ CERTIFICATES EXPIRED ____/____/____ **ORIGINAL CERTIFICATE(S) MUST BE RETURNED BEFORE A NEW ONE WILL BE ISSUED		

ARRT OR NMTCB# _____ (MUST BE CURRENT)

MOST CURRENT EMPLOYER

EMPLOYER _____	AREA CODE/PHONE # / EXT _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
NAME OF ADMINISTRATOR OR DEPT DIRECTOR _____ EMPLOYED FROM: _____ TO _____	

PREVIOUS EMPLOYER:

EMPLOYER _____	AREA CODE / PHONE # / EXT _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
NAME OF SUPERVISOR _____ SUPERVISOR PHONE _____ EMPLOYED FROM: _____	
MO YR TO MO YR	

EDUCATIONAL INFORMATION

INSTITUTION				TYPE OF TRAINING (DIPL., CERT., DEGREE)	
ADDRESS OF INSTITUTION	CITY	STATE	MO. & YR OF GRADUATION		PHONE NUMBER
OTHER DEGREES	MAJOR	WHERE OBTAINED			YEAR

MISCELLANEOUS INFORMATION

Please write "YES" or "NO" in the spaces below

Have you ever been convicted of any crime?

Have you ever been convicted of a crime involving moral turpitude?

Have you ever had an application for a license or certificate denied?

Have you ever had a professional license or certificate disciplined, suspended or revoked?

If **yes** on any questions, see Miscellaneous Question Instructions online or call MRTBE.

Having filed an application for certification by the Medical Radiologic Technology Board of Examiners (MRTBE), I authorize and request every person, company, governmental agency or institution having control of information pertaining to my educational and professional background to furnish to the MRTBE information pertaining to this application and to permit the MRTBE or its representatives to inspect and make copies of such information.

I hereby release the MRTBE and its representatives from any liability arising out of the furnishing or inspection of such information. The Authorization and Release form will only be utilized by the MRTBE to confirm application matters relevant to education, work history, and enforcement matters authorized by Arizona Revised Statutes 32.2801, et. Seq.

I, _____ (type or print name), do solemnly swear or affirm that the foregoing information completed by me, or submitted by or for me, is true, complete and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Certificate issued by the Arizona Medical Radiologic Technology Board of Examiners.

MRTBE participates in the Employment Eligibility Verification Program.

I attest, under penalty of perjury, that I am (**check one of the following**):

☐ A citizen or national of the United States

☐ A lawful permanent resident (Alien #) _____

An alien authorized to work until _____ (Alien # or Admission #) _____

NOTARY PUBLIC

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this ____ day of _____ 20____

DATE

Notary Public

My commission expires: _____

**NOTICE: Incomplete applications will be returned to applicant.
Do not leave any area blank.**